

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-033552

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District **FILED OCT 4 1962** Registration District No. **3.000** Registrar's No. **299**VS 300  
Rev. 4/59

10017

20017

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Adair</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Adair</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Kirkville, Mo.</b>		c. CITY OR TOWN <b>Kirkville</b>	
Length of stay in 1b <b>years</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Laughlin Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>505 North Franklin St.</b>	
3. NAME OF DECEASED (Type or print) First <b>Lois</b> Middle <b>Corean</b> Last <b>Yadon</b>		4. DATE OF DEATH Month <b>Sept.</b> Day <b>25</b> Year <b>1962</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>7/8/37</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <b>25</b>
11a. FATHER'S NAME <b>Boyd Foster</b>		11b. MOTHER'S MAIDEN NAME <b>Anna O'Haver</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		17. INFORMANT <b>LeRoy Yadon</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Hemorrhage.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>18 hrs.</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Malignant Hypertension; Hepatic Infarction</b>	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour <b>2:20 pm</b> Month, Day, Year <b>9-12-62</b>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <b>9-12-62</b> to <b>9-25-62</b> and last saw <b>her</b> live on <b>9-25-62</b> Death occurred at <b>2:20 pm</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Deceased or wife) <b>Richard P. Valucko</b>		22b. ADDRESS <b>Laughlin Hospital</b>	
22c. DATE SIGNED <b>9-26-62</b>		23a. BURIAL, CREMATION, REMOVAL, OR OTHER <b>Burial</b>	
23b. DATE <b>9/27/62</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Greencastle Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Greencastle, Mo.</b>		(State)	
24. FUNERAL DIRECTOR <b>Nova E. Foster</b>		25. DATE RECD. BY LOCAL REG. <b>Sept 26, 1962</b>	
ADDRESS <b>Kirkville, Mo.</b>		26. REGISTRAR'S SIGNATURE <b>Doris W. Ratliff</b>	

(Licensed Embalmer's Statement on Reverse Side)

Permit issued Sept 26, 1962

RICHARD P. VILACK, D.O.

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Nova E. Foster*

Licensed Embalmer No.

4742

P. O. Address

*Kirkville, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.